

MA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

APR 30 2018

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

DERRICK ALLMAN

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

SHERIFF SHEEHAN, SHERIFF

HOLMES, SHERIFF BEYER,

SHERIFF GONZALEZ, SHERIFF

KRAMER, SHERIFF BASIC,

SHERIFF GONZALEZ

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

- ☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)
- ☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**
- ☐ **OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**FILED**  
4/1/2019

PH

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

1:18-cv-03105

Judge Edmond E. Chang

Magistrate Judge Sheila M. Finnegan  
PC8

I. Plaintiff(s):

- A. Name: Derrick Allman
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20140920172
- D. Place of present confinement: COOK COUNTY DEPARTMENT OF CORRECTIONS
- E. Address: 2700 S. CALIFORNIA AVENUE CHICAGO IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: SHERIFF SHEEHAN  
Title: Deputy Sheriff  
Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTIONS
- B. Defendant: SHERIFF HOLMES  
Title: Deputy Sheriff  
Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTION
- C. Defendant: SHERIFF BEYER  
Title: Deputy Sheriff  
Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTION

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)



I. Defendant(s):

(In A below, Place the full name of the first defendant in the first blank, his or her official Position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

D. Defendant: SHERIFF GONZALEZ

Title: Deputy Sheriff

Place of Employment: Cook county Department of corrections

E. Defendant: SHERIFF KRAMER

Title: Deputy Sheriff

Place of Employment: Cook county Department of corrections

F. Defendant: SHERIFF BASIC

Title: Deputy Sheriff

Place of Employment: Cook county Department of corrections

G. Defendant: SHERIFF GONZALEZ

Title: Deputy Sheriff

Place of Employment: Cook county Department of corrections

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: DERBECK ALLMAN VS SHERIFF  
MCGRAW, SHERIFF MOLLEY, CASE # 16C5745
- B. Approximate date of filing lawsuit: June 1, 2016
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: SHERIFF MCGRAW, SHERIFF MOLLEY  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): COOK COUNTY
- F. Name of judge to whom case was assigned: Samuel Der-Yeghayan
- G. Basic claim made: Failure too protect  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): case Dismissed  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: July 21, 2016

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON June 1st, 2017 at Approximately 11:00AM, I Pretrial Detainee Derrick Allman CDOC# 20140920172 was due too leave Divison 9-1F Segregation Tier, but staff discovered that my ~~was~~ victims family member was also housed on Divison 9-2F. so I ask too speak with the white shirt, so Sgt Sheehan, officer Gonzalez, officer Holmes, officer Beyer, officer Basic, officer Gonzalez, officer Kramer all came onto tier 1F- Divison 9 at 11:00 AM and surrounded as I explained too Sgt Sheehan that I was suppose too be leaving for my 29th day, but Sgt Sheehan stated aggressively your not getting out today due too extra Segregation time. I stated I've been in Segregation for thirty days and ~~and~~ have not caught any tickets and also I'm entitled too my 29th day, so Sgt Sheehan told officers Gonzalez, Holmes, Kramer, Beyer, Basic, Gonzalez too escort me too my cell which was Divison 9-1F-1234 as we approach cell 1234-1F- Divison 9 they begin too



take my shackles and blue off, I was standing in  
 the doorway of cell 1234-Divison 9-1F obeying all rules  
 then officer Gonzalez started too take ~~off~~ of my  
 handcuff off, and as officer Gonzalez took my  
 other handcuff off, I started too shake my wrist due  
 too it being tight. Then all of sudden all officers  
 Sheehan, Gonzalez, Holmes, Beyer, Basic, Kramer, Gonzalez  
 became ~~the~~ Physically aggressive by rushing into my cell  
 1234-Divison 9-1F attacking me by punching me in my face,  
 head, body which cause me too fall on floor where  
 all officers began using extremely unnecessary EXCESSIVE  
 force by kicking and stomping me in my face, body  
 while I screamed a number of times for them too stop  
 I didn't do anything. But they never stopped until Sgt  
 Sheehan gave officers orders too cuff too the back then  
 officers, Gonzalez, holmes, Beyer, Basic, Kramer, Gonzalez dragged  
 me out the cell on 1F-Divison-1234 flat on my stomach  
 than pick me up very aggressively and threw me ~~against~~ <sup>against</sup> the  
 brick wall causing me too hit my chin on the brick wall as they  
 Placed shackles off my ankles really tight than forcefully dragged  
 me too medical then bring me back too cell 1234-1F-Divison 9.  
 officers was Physically aggressive ~~with~~ Maliciously And  
 with wanton acts of Physical force use UNNECESSARY  
 and very unethical ~~and~~ EXCESSIVE force outside the color  
 of Law ~~and~~ <sup>Revised 9/2007</sup> you  
 May also view the camera of Divison 9, 1-F Dayroom  
 on June 1st, 2017 and you will see officers Sheehan, Gonzalez,  
 holmes, Basic, Beyer, Kramer, Gonzalez did use EXCESSIVE force in  
 the Extreme, also cook county sheriffs continuously beat in violation  
 of ~~the~~ color of Law. Not with standings, causing serious injury  
 Mental distress and Lower Back Injury before taking me too  
 Dispensary. I still suffer injury and actual Pain too Lower Back

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Too investigate this claim too ~~fast~~ fullest  
of there instint and make these officers pay  
for there actions which is why I'm seeking Nominal  
Damages, compensatory Damages, Punitive Damages, ~~also~~ also  
money Damages because I was suffer Injury and actual  
Pain which will cost highly in the future

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this April day of 28, 2018

Derrick Allman  
(Signature of plaintiff or plaintiffs)

Derrick Allman  
(Print name)

20140920172  
(I.D. Number)

~~20140920172~~

2700 S. California Avenue  
(Address)





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance  
☐ Grievance  
☐ Non-Compliant Grievance

- ☐ Cermak Health Services  
☐ Superintendent: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

9

1F

6-5-17

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -  
DATE OF INCIDENT  
(Fecha del Incidente)REQUIRED -  
TIME OF INCIDENT  
(Horad del Incidente)REQUIRED -  
SPECIFIC LOCATION OF INCIDENT  
(Lugar Especifico del Incidente)REQUIRED -  
NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o identificación del Acusado)

6-1-17

11:00 AM

DIVISON 9 TIER 1F

OFFICERS Sheehan, Holmes, Beyer,  
Basic, Gonzalez, Kramer, Gonzalez

On 6-1-17 on Division 9-1F ~~Derrick Allman~~ was suppose too be released from SMU segregation for my 29th day and I ~~was~~ <sup>was</sup> housed too go too Division 9-2F but staff later found out that the victims family member on my case was also housed on Division 9-2F, so I ask too speak with an white shirt so Sgt Sheehan, officers, Gonzalez, Holmes, Beyer, Basic, Gonzalez, Kramer all came and surrounded me as I explained too Sgt Sheehan that I was suppose too recieve my 29th day today but Sgt Sheehan stated your not getting out today because you have extra ~~time~~ whole time and I stated how I've been in SMU segregation for

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE : (Firma del Preso):

Derrick Allman

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CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





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(Oficina del Alguacil del Condado de Cook)

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☐ Grievance  
☐ Non-Compliant Grievance

- ☐ Cermak Health Services  
☐ Superintendent: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Allman

Derrick

20140920172

DIVISION (División):

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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DATE OF INCIDENT  
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TIME OF INCIDENT  
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SPECIFIC LOCATION OF INCIDENT  
(Lugar Especifico del Incidente)REQUIRED -  
NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o Identificación del Acusado)

6-1-17

11:30 AM

Division 9 Tier 1F

Officers Sheehan, Holmes, Beyer,  
Basic, Gonzalez, Kramer, Gonzalez

three days without catching any tickets and I'm entitled too my 29th day set shahun  
told officers Gonzalez, Holmes, Kramer, Beyer, Basic, Gonzalez too exstort me too my  
cell which is 1234-Divison 9-1F as they were talking me too my cell and begin  
too take the shakles and bluebox off I was standing in the doorway obeying  
all rules then they started too take my handcuffs off they got one cuff  
off and as they were taking the other cuff off I started too shake  
my wrist due the cuffs being tight then all of sudden all the officers were rushing  
into my cell 1234-1F-Divison 9 attaching me by punching me in my face, head, body

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CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

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(Oficina del Alguacil del Condado de Cook)

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(Formulario de Queja del Preso)

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☐ Grievance  
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent: \_\_\_\_\_☐ Other: \_\_\_\_\_

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

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(Nombre y/o Identificación del Acusado)

6-1-17

11:00 AM

DIVISION 9 Tier 1F

Officers Sheehan, Holmes, Beyer, Rasio, Gonzalez, Kramer, Gonzalez

kicking me in my face, body, and stomping me in my face all over my body while I screamed a number of times for them <sup>too stop</sup>, I didn't do anything but they never stopped until Sgt Sheehan gave them <sup>orders</sup> too cuff me too the back then dragged me out of cell 1234-1F-Division 9 flat on my stomach then pick me up and throw me against the <sup>brick wall</sup> cover hard causing me too hit my chin on the brick as they placed on the shackles around my <sup>ankles tight</sup> then <sup>forcefully</sup> dragged me too medical attention and I feel something should be done because that's cruel and unusual punishment

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Derrick Allman

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2017 08678

662583

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

## RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

## THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

## THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.  
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.  
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

## ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

## THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)